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SEP - 2 2014
SECRETARY OF STATE
TO CLINAL AHASSEE, FEORID.

COVER LETTER

то:	Registration Division of C	Section Corporations			
SUBJE	CT: <u>Innova</u>	ive Educational Resource Name of Lir	s. LLC nited Liability Company		
The end	losed Articles	of Organization and fee(s) a	re submitted for filing.		
Please	return all corre	spondence concerning this m	atter to the following:		
	Yuri Cha	vez	Name of Person		
	Innovativ	e Educational Resources,	LLC Firm/Company		
	1750 NV	/ 107th Ave - Suite P206	Address		
	<u>Miami, F</u>				
		C	City/State and Zip Code		
_inf	o@iersolutior	E-mail address: (to be use	d for future annual report notifica	ation)	
For furt	her informatio	n concerning this matter, plea	ase call:		
<u>Yuri C</u>		at (;		lephone Number	2014 AUG 25
Enclose		r the following amount:	The South Sayame 10	LIVE	06 25
) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Contificate of Status Certified Copy (additional copy is enclosed)	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Innovative Educational Resources, LLC		
(Must end with the wor	rds "Limited Liability Company, "L.L.C.," o	οτ "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
1750 NW 107th Ave		
Suite P-206 Miami, FL 33172	Suite P-206 Miami, FL 33172	
(4)(A)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	Miami, FL 33172	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva nother business entity with an active Florid The name and the Florida street address of the	re as its own Registered Agent. You must det la registration.)	
Yuri Chavez	Name	
	Name	
1750 NW 107th Av		
riorida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
_Miami	FL 33172	
Cit	zy Zip	
the place designated in this certificate, I h capacity. I further agree to comply with the	to accept service of process for the above state to accept the appointment as registered a provisions of all statutes relating to the propercept the obligations of my position as registed papter 605, F.S	ngent and agree to act in this per and complete performance ered agent as provided for in
Registered A	gen's Signature (REQUIRED)	2014 TALE
((CONTINUED)	2014 AUG 25 SECRETARY TALL AHASS
	Page 1 of 2	5000 M

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Yuri Chavez
	1750 NW 107th Ave - Suite P206
	Miami, FL 33172
CV: Effective date, if other than the certive date is listed, the date must be	late of filing: 8/21/2014 . (OPTIONAL) specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the octive date is listed, the date must be filling.)	
CV: Effective date, if other than the octive date is listed, the date must be filling.)	
CV: Effective date, if other than the office date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the of tive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the obtive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up a section of the constitutes are a section of the	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)